

CLAIMS ONLY

BEST AVAILABLE COPY

Application Number

101506,998

Filing Date

9-8-af

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		1					51					
2		1		1				52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11	1							61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep	2		2					Total Indep					
Total Depend	10		7					Total Depend					
Total Claims	12		9					Total Claims					